EXHIBIT C

Company Case Vo-10/25-gwz D00 6055-	Spo	tered 08/07/11 14:0)2:06 Pa(]e 3 of 5
	PROOF OF CLAIM			
Name of Debtor	Case Nu	mber	Bin	ford Medical Sevelopers
KIIWI - 1111 Morta Comp	Æ	16 10 725 LBN	-	(Sevelopers)
NOTE See Reverse for List of Debtors and Case Numbers			125	,000
This form should not be used to make a claim for an administrative expe		Check box if you are	+1410	
arising after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503	of an	aware that anyone else has filed a proof of claim relating	17110	(/(/
Name of Creditor and Address		to your claim Attach copy of statement giving particulars		
11321241000619	9	Check box if you have		
ROSALIE A MORGAN IRA 6869 EAGLE WING DR		never received any notices from the bankruptcy court or	DO NOT FILE TH	IS PROOF OF CLAIM FOR A
SPARKS NV 89436-8496		BMC Group in this case		REST IN A BORROWER THAT IS NOT
		Check box if this address differs from the address on the	ł	eady filed a proof of claim with the
		envelope sent to you by the court	. ,	or BMC you do not need to file again
Creditor Telephone Number (77) 350 -35 (7) Last four digits of account or other number by which creditor identifies d	lebtor			E IS FOR COURT USE ONLY
6235		Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	_	alanes and compensation (fill out below)	Other claims against servicer (not for loan balances)
Services performed Taxes Money loaned Other (describe briefly)		digits of your SS #		,
- Carlot (december briefly)	опраю с	ompensation for services pe	normed from	(date) (date)
2 DATE DEBT WAS INCURRED 5-31-05	3 IF C	OURT JUDGMENT, DATE O	BTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descri	be your claim and state the amo	unt of the claim at t	the time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		and her collectional families
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of yo		a right of setoff)	our claim is secu	red by collateral (including
entitled to priority		Brief description of	collateral	
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	\$	
Amount entitled to priority \$				at time case filed included in
Specify the priority of the claim	_	secured claim, if any		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days		Up to \$2 225* of deposits towa services for personal family of		
before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to go	11 U S C § 507(a)(8)	
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	business whichever is earlier 11 U.S.C. § 507(a)(4) Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)			
		* Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ 1410 \$	1350	500 \$ 5	3 0	\$ 126910
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim Attach ite	(pnonty) mized statement o	(Total) of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred		·		<u> </u>
7 SUPPORTING DOCUMENTS Attach copies of supporting docu	<i>iments,</i> su	ch as promissory notes pure	chase orders inv	voices itemized statements of
running accounts, contracts court judgments, mortgages security a DOCUMENTS If the documents are not available, explain if the d				T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stampe	d, self-addressed	d envelope and copy of this
The original of this completed proof of claim form must be sent				THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, c				USE ONLY
governmental units) BY MAIL TO BMC Group) -			
BMC Group Attn USACM Claims Docketing Center	F1	LED NOV 2 9 2006		
P O Box 911 El Segundo CA 90245-0911	1130 East Franklin Avenue			
DATE SIGN and print the fame and title if any of the	e creditor or		<u> </u>	LICA CNAC
this claim (attach door of abover of attorn	ney if any)			USA CMC
				1072501512

Caca 66 1073E www Dag 90EE		+0	02-06 Da	00.4 of E		
ZASS (Case 06-10/25-lak) skali	PRO	OF OF CLAIM	प्य-ख्युंह रि ख	g q 4 01 3		
Name of Debtor:	Case N	RIGINAL				
USA Commercial Mortgage Co.	06-10	725-LBR				
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expens arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		f an aware that anyone else has filed a proof of claim relating to your claim. Attach copy of				
Name of Creditor and Address: 11321241003720 ALTA BATES SUMMIT FOUNDATION TIEE PAUL G CHELEW CHARITABLE REMAINDER 2855 TELEGRAPH AVE STE 601 BERKELEY CA 94705-1161	0	check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the	SECURED INTER ONE OF THE DE If you have air Bankruptcy Court	eady filed a proof of claim with the or BMC, you do not need to file again.		
Creditor Telephone Number ()		court.	THIS SPAC	E IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies of Account ID: 7268	debtor:	Check here replace or amen	a previously	filed claim dated:		
1. BASIS FOR CLAIM	Detino h			Unremitted principal		
Goods sold Personal injury/wrongful death Services performed Taxes	Wages, s	enefits as defined in 11 U.S.(alaries, and compensation (f digits of your SS #:		Other claims against servicer (not for loan balances)		
Money loaned Other (describe briefly)	Unpaid o	ompensation for services per	formed from:	to (date) (date)		
2. DATE DEBT WAS INCURRED:	3. IF C0	OURT JUDGMENT, DATE O	BTAINED:	(ddio)		
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that				he time case filed		
See reverse side for important explanations.			and the state of t			
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM				
Check this box if: a) there is no collateral or lien securing your claim, or b) exceeds the value of the property securing it, or if c) none or only part of yo entitled to priority.	your claim our claim is	a right of setoff).		red by collateral (including		
UNSECURED PRIORITY CLAIM		Brief description of	collateral:	<u></u>		
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		X Real Estate Value of Collateral:	Motor Vehicle unkn			
Amount entitled to priority \$		Amount of arrearage an	d other charges	at time case filed included in		
Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		secured claim, if any: \$ Up to \$2,225* of deposits towa		or rental of property or		
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	_	services for personal, family, or	r household use -1	1 U.S.C. § 507(a)(7).		
business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ().				
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	لسا	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter				
		with respect to cases commend	ced on or after the	date of adjustment.		
5. TOTAL AMOUNT OF CLAIM \$ \$ (unsecured)	130,000 (se	0.00 \$	(priority)	\$ 130,000.00 (Total)		
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.						
6. CREDITS: The amount of all payments on this claim has been cred 7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , running accounts, contracts, court judgments, mortgages, security a DOCUMENTS. If the documents are not available, explain. If the documents are not available.	<u>ments,</u> suc	ch as promissory notes, purch , and evidence of perfection	hase orders, inv of lien. DO NO	oices, itemized statements of		
 DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim. 			•	envelope and copy of this		
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5:00 pm, for each person or entity (including individuals, partnerships, covernmental units)	, prevailing	Pacific time, on Novembe	r 13, 2006	THIS SPACE FOR COURT USE ONLY		
governmental units). BY MAIL TO: BMC Group	BY HAND O	R OVERNIGHT DELIVERY TO:				
l. and anada and an	BMC Grou	P				
P. O. Box 911	1330 East	CM Claims Docketing Center Franklin Avenue				
		o, CA 90245				
SIGN and print the name and title, if any, of the		other person authorized to file				
		. Buxton, Vice Pr	esident			

		~~~~ <u>00/07/44 44.0</u>	0.0c	<u> </u>
UNITED STATES HANKED AND AND AND AND AND AND AND AND AND AN	PRO	OF OF CLAIM	z.00 Payı	e 3 01 3
Nan ∈ of Debtor	Case Nu	mber		
UBA Commercial Mortgage Company	06-107	'25-LBR		
NOT See Reverse for List of Debtors and Case Numbers This firm should not be used to make a claim for an administrative arising after the commencement of the case. A "request" for paymend administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		LY OWED MONEY BY A BORROWER S BEING SERVICED BY THE
Name of Creditor and Address  11321242037865  PAYNE SHIRLEY P O BOX 208		statement giving particulars  Check box if you have never received any notices from the bankruptcy court or	DEBTORS YOU OF CLAIM THIS BORROWER HE	DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT ILD IN THE COLLECTION ACCOUNT
GRASS VALLEY CA 95945		BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the court	ONE OF THE DE If you have air Bankruptcy Court	ready filed a proof of claim with the tor BMC you do not need to file again
Creditor Telephone Number (530) 265 - 4593	an dahtar	Court	THIS SPAC	CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identified by the control of the c		Check here replace or if this claim amen	a previousi	y filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	☐ Wages, s	salaries, and compensation (	fill out below)	Other claims against servicer (not for loan balances)
Services performed Taxes  Money loaned Other (describe bnefly)		digits of your SS #		(not to: Nan balances)
Money loaned Under (describe briefly)	Unpaid c	ompensation for services per	formed from	(date) (date)
2 DATE DEBT WAS INCURRED Hug 31, 2005	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes	that best descri	be your claim and state the amo	unt of the claim at	tne time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim of exceeds the value of the property securing it or if c) none or only part entitled to priority	r b) your claim of your claim is	a nght of setoff)		red by collateral (including
UNSECURED PRIORITY CLAIM		Brief description of		П
Check this box if you have an uncecured claim all or part of which is		Real Estate Value of Collateral	Motor Vehicle	e Other
entitled to priority  Amount entitled to priority \$			ad other charges	at time case filed included in
Specify the priority of the claim		secured claim if any	\$	at time case med included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(	(B)	Up to \$2 225* of deposits toward		
Wages salanes or commissions (up to \$10 000)* earned within 180 of before filing of the bankruptcy petition or cessation of the debtor's	days	services for personal family of Taxes or penalties owed to go		* '*''
business whichever is earlier - 11 U S C § 507(a)(4)	H	Other Specify applicable para		• ,.,,
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Amounts are subject to adjus	stment on 4/1/07 a	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$	\$ 50,0	with respect to cases commen	iced on or after the	\$ 50,000 =
AT TIME CASE FILED (unsecured)		ecured)	( priority)	(Total)
Check this box if claim includes interest or other charges in addition	•	•	***	• •
6 CREDITS The amount of all payments on this claim has been a SUPPORTING DOCUMENTS Attach copies of supporting of running accounts, contracts court judgments mortgages secur DOCUMENTS If the documents are not available, explain. If the	<i>documents,</i> surity agreements	ch as promissory notes, purd s, and evidence of perfection	chase orders, inv	voices, itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment o proof of claim	of the filing of y	our claim enclose a stamped	d self-addressed	d envelope and copy of this
The original of this completed proof of claim form must be s ACCEPTED) so that it is actually received on or before 5 00 for each person or entity (including individuals, partnership governmental units)	pm, prevailin	g Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911	BMC Grou Attn USA	OR OVERNIGHT DELIVERY TO up CM Claims Docketing Cente Franklin Avenue		FILED NOV 1 3 2006
DATE SIGN and print the name and title if any of the plant of the plan	El Seguno of the creditor or	lo CA 90245		   USA CMC 
11/10/06 Shurk-T	anne			1072501377